Department of Personnel Administration

LAYOFF PLAN AND REQUEST FOR PRELIMINARY SENIORITY SCORES



DPA-009 (REV. 08/03)

TO: D-22 DATE:

Department of Personnel Administration Policy and Operations Division

1515 "S" Street, North Building, Suite 400

Sacramento, CA 95814

FROM: Personnel Office

SUBJECT: Layoff Plan and Request for Preliminary Seniority Scores

Section I – Background/Justification

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Section II - Preliminary Seniority Scores Request

Department Name:

Preliminary seniority scores are requested for the following classes in the areas shown (if additional space is needed, attach more pages): *Note: List Exact Agency Code(s) of Where Each Position is Located.

Class		Number of Incumbents		Area of Layoff		
Code	Class Title	CBID	Total	Surplus	Agency Code*	County Code

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Section III - Certifications by Requesting Department

Please certify that each of the following has been accomplished prior to submitting this request to the Department of Personnel Administration (DPA) by initialing in the space provided.

Department of Personnel	Administration (DPA) by i	nitialing in the space provided.	
		vork have been posted to employees' wo rations Division [POD] Analyst to determ	
(Initial)			
(b) Affected employee	es have been surveyed for	r prior exempt service using DPA Form ()04.
	No prior service indicate	ed.	
	Prior exempt service inc	cluded.	
	Prior exempt service do	ocumentation is pending.	
(Initial)			
,			
(c) Demotional charts	s are attached to this reque	est.	
(Initial)			
, ,			
(d) A list of classes a	nd numbers of positions to	be designated surplus or SROA is attac	ched.
(Initial)			
(
Department's Verifying/In	itialing Officer		
Printed Name		Position Title	
Signature	Date	Phone Number	Fax Number

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DPA Approval						
I certify that sections I, II, and III of this request have been completed.						
Signature (POD Analyst)	Date					
I have received the certified preliminary seniority request from the	above POD Analyst.					
Signature (Service and Seniority Unit Supervisor)	Date					